



Australian  
Reward  
Investment  
Alliance

# PSS Election to take out or vary additional death and invalidity cover

## SECTION A - Information about you

I am a member of the Public Sector Superannuation Scheme (PSS) and I elect under Rule 10.14 to be covered for Additional Death and Invalidity Cover.

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>				
Surname	<input type="text"/>									
Given name/s	<input type="text"/>									
AGS number	<input type="text"/>									
Date of birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work phone number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Private address*	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>					<input type="text"/>				
	<input type="text"/>					<input type="text"/>				

\* Address will be used for any request for information

## SECTION B - Information about your employer

Your personnel section can help complete this section

Employer	<input type="text"/>									
Personnel Officer	<input type="text"/>									
Personnel/pay cell address	<input type="text"/>									
	<input type="text"/>									
Contact phone number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member's average salary	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SECTION C - How much cover do you want?

> Please complete Box A, B or C below

**Remember, you cannot:**

- > exceed the maximum amount of additional cover that applied to your age; or
- > apply for cover which would result in the total of your normal benefit accrual and additional cover, exceeding the maximum benefit limit under the PSS rules.

Refer to 'The facts about additional death and invalidity cover' for more information.

**If you do not have additional cover, tick box A and show the multiple of cover required.**

A  Multiple of additional death and invalidity cover required:  
 times average salary (as shown in Table 1 on page 2)

**If you already have additional cover and wish to vary that cover, tick box B or C and show the multiple of cover now required.**

B  I wish to **increase** my additional death and invalidity cover.

C  I wish to **decrease** my additional death and invalidity cover.  
 Multiple of additional death and invalidity cover required:  
 times average salary

## SECTION D - Who has access to this form?

Information from this form will be used by ComSuper and the trustees to assist in determining your application for Additional Death and Invalidity Cover. The information may also be available to the life office (AIA Group Insurance) if further consideration of your personal statement is required.

## SECTION E - Declaration

To be read and signed by you

I agree to pay the standard life premium by fortnightly deduction from my salary. If a non-standard premium is charged, I understand that my agreement in writing will be required before any salary deductions are made.

I agree to maintain my cover at the nominated multiple of salary and authorise the pay office to adjust premiums as required from time to time under the policy until such time as I advise in writing that I wish the multiple to be varied.

**I have read THE FACTS ABOUT ADDITIONAL DEATH AND INVALIDITY COVER including the important notes regarding my duty to disclose certain information.**

SIGNATURE

DATE

DAY		MONTH		YEAR	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**\*IMPORTANT NOTE: You must also complete the Abridged Personal Statement overleaf.**

# AIA GROUP INSURANCE

## Abridged Personal Statement

### SECTION F - Medical history

To be completed by you

AIA Group Insurance requires you to disclose in this personal statement every matter that you know, or could be reasonably expected to know, which is relevant to its decision whether to accept the risk of insuring your life on any terms.

You will be advised by AIA Group Insurance of any further medical requirements.

Please indicate your:

Height    cm

Weight    kg

Tick one answer for each question.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <b>1. At the date of this application are you EITHER:</b>   |                          |                          |
| a) on leave from employment due to sickness or injury? OR   | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Unable to perform the full or normal duties of your occupation due to sickness or injury?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2. Have you ever had any advice, investigation or treatment for any of the following:</b>  |                          |                          |
| a) Diabetes?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Heart disease or stroke?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Cancer or tumour of any kind?  | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Infection with the Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS related conditions?  | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Kidney or liver disease?   | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Emphysema or chronic bronchitis?   | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Any other disease or condition lasting more than four weeks or of an ongoing nature?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3. Have you lost the sight of an eye or the total and permanent loss of the use of a limb ("limb" meaning the whole hand or foot)?</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4. Have you had any medical advice, investigation or treatment for any disease or disorder of the joints, bones or muscles, including the neck and back, which has required more than two weeks off work?</b>      | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5. Have you ever made a claim for, or received benefits under disablement insurance, Workers Compensation, Motor Vehicle Accident Insurance, Social Security or Veterans Affairs sickness or invalid benefits?</b> | <input type="checkbox"/> | <input type="checkbox"/> |

### SECTION G - Privacy Statement

American International Assurance Company (Australia) Limited ABN 79 004 837 861 (AIA) is required under the National Privacy Principles of the Privacy Amendment (Private Sector) Act 2000 to provide you with the following information.

#### Purpose of Collection

AIA collects personal information about you to:

- process your application(s);
- administer and manage your policy including claims;
- facilitate AIA's business operations; and
- market AIA promotional material.

If you do not wish to provide us with all or part of the personal information we request to collect from you, we may not be able to provide you with insurance cover.

#### Access to Your Information

You are entitled at any time to request access to your personal information held by AIA. All requests to access your personal information should be made in writing to the Policy Administration Manager, Level 6, 549 St Kilda Road, Melbourne, VIC, 3004.

You can ask us to update your personal information at any time if it is inaccurate, incomplete or out of date.

Section G continued over page

## Section G continued

In some circumstances, AIA may not permit access to your personal information. Circumstances where access may be denied include where access would be unlawful or denying access is authorised by law. In these cases, AIA will provide you with written reasons for denial of access or a refusal to correct personal information.

**Disclosure of information**

AIA may disclose your personal information to:

- a) another member of the AIG group of companies (whether in Australia or overseas);
- b) your adviser;
- c) AIA contractors and third party service providers;
- d) your employer (for employee superannuation products);
- e) financial institutions you nominate;
- f) mail houses (only for the purposes of sending AIA mail) and archive companies.

We will only disclose your personal information to these parties for the primary purpose for which it was collected. In some circumstances AIA is entitled to disclose your personal information to third parties without your authorisation, such as law enforcement agencies and government authorities to protect our interests or to report illegal activities.

**Any Questions or Concerns on Privacy**

If you have any questions or concerns about your personal information, please write to the Policy Administration Manager, Level 6, 549 St Kilda Road, Melbourne VIC, 3004.

AIA has established an internal dispute resolution process for handling customer complaints about AIA's compliance with the National Privacy Principles. This dispute resolution mechanism is designed to be fair and timely to all parties and is free of charge.

If you have a complaint about AIA's National Privacy Principles, you should submit it in writing to the Policy Administration Manager. You will receive a letter from AIA within 5 working days which documents AIA's complaints handling process. Your complaint will be referred to AIA's Internal Disputes Resolution Committee who will resolve your complaint within 45 days of receipt.

Should your complaint not be resolved to your satisfaction by AIA's internal dispute resolution process, you may take your complaint to the Privacy Commissioner. The Privacy Commissioner's contact details are: Office of the Federal Privacy Commissioner, GPO Box 5218, Sydney NSW 1042 or call the Privacy Hotline on 1300 363 992.

**SECTION H - Declaration**

To be read and signed by you

I confirm the truth, accuracy and completeness of all statements and declarations given in writing by me in this personal statement.

I acknowledge that this personal statement and any other evidence required by AIA Group Insurance will form the basis of any insurance cover on my life that is consequently accepted by it.

I waive privilege in relation to any medical or other evidence required by AIA Group Insurance.

I acknowledge that if I have not made the required disclosure in this personal statement and the insurer would not have accepted the insurance cover on my life, then AIA Group Insurance may avoid liability within three (3) years of acceptance of the risk.

I further acknowledge that if I make a fraudulent non-disclosure, AIA Group Insurance may avoid liability at any time.

SIGNATURE OF LIFE TO BE INSURED

DATE

DAY		MONTH		YEAR	

**ACTION BY YOU ON COMPLETION**

This completed election and personal statement should be sent to:

Additional Cover Group, ComSuper, PO Box 22, BELCONNEN ACT 2616

END FORM